FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90183 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005828

1. Entity Name
AJS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
333 LAS OLAS WAY 3602 FT. LAUDERDALE, FL 33301	333 LAS OLAS WAY 3602 FT. LAUDERDALE, FL 33301

03212007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3000 N MILITARY TRL	3000 N MILITARY TRL
Suite, Apt. #, etc. C/O JAY SCHWEDELSON	Suite, Apt. #, etc. C/O JAY SCHWEDELSON
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431-6321 Country USA	Zip 33431-6321 Country USA

4. FEI Number 20-0653451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD., SUITE 1000
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
City TALLAHASSEE FL Zip Code 32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEDELSON, JAY 333 LAS OLAS WAY 3602 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3000 N MILITARY TRL BOCA RATON FL 33431-6321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/5/07 561-393-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #